



STUDIES

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DIABETES SURVEILLANCE: DIABETES HOSPITALIZATIONS IN NORTH CAROLINA

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ABSTRACT

The State Center for Health and Environmental Statistics has long recognized the important contribution of diabetes mellitus to mortality and morbidity in North Carolina. To address this concern, a statewide surveillance system for diabetes-related mortality and morbidity has been instituted with funding from the Centers for Disease Control. Earlier diabetes surveillance results found significant increases in the number of deaths and in crude and age-adjusted mortality rates from 1980 through 1989. The purpose of the present study is to describe resident diabetes-related hospitalizations and attempt to explain variations by demographic variables.

Using data submitted by hospitals to the North Carolina Medical Database Commission, the rates of diabetes-related discharges for 1988 and 1989 were found to vary by age, sex, and county. Both the numbers and rates of hospitalization increased with increasing age, reflecting both the increasing prevalence of diabetes and the more frequent occurrence of complications as people age. Total and average charges per hospital stay were also higher for groups over the age of 40 than for those under.

Hospitalizations for diabetes-related conditions involved more females than males. Generally, crude hospitalization rates, total and average length of stay, and total charges were higher for females than for males. However, the average charge per stay was higher for males than for females in all age groups above one year.

The pattern of diabetes-related hospital discharge rates by county is similar to that described in an earlier CHES Studies report focusing on diabetes mortality (No.61). That is, elevated rates cluster geographically throughout the east, and to a much lesser extent in the west.